

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | MF       | 12     | 8-8-01   |
| O.I.P.E. CLASSIFIER       |          | 1143   | 9/6      |
| FORMALITY REVIEW          | SW       |        | 10-9-01  |
| RESPONSE FORMALITY REVIEW | TZ       | 947    | 03/21/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

JCH  
 10/10/01  
 1077  
 3/21/02